



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001678248		2. Exact name of the Corporation EOScart, Inc.			
3. Principal Office Address 8 Barnes Street			City Providence	State RI	Zip 02903
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Create products to enhance the on-line shopping experience.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah Fletcher			Vice-President Name Sarah Fletcher		
Street Address 8 Barnes Street			Street Address 8 Barnes Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Sarah Fletcher			Treasurer Name David Sturman		
Street Address 8 Barnes Street			Street Address 8 Barnes Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sarah Fletcher			Director Name David Sturman		
Street Address 8 Barnes Street			Street Address 8 Barnes Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	None
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Sarah Fletcher, President					Date 2/15/18
Signature of Authorized Representative <i>Sarah Fletcher, President</i>					

FILED

SGN DOCUMENT HERE
JUN 11 2018

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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